

MEDICARE ENROLLMENT

A PROGRAMMED LEARNING TEXT

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1980

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
HEALTH CARE FINANCING ADMINISTRATION

MEG 10.15

**HCFA Information
Resource Center**

THE HEALTH CARE FINANCING ADMINISTRATION is the agency of the U.S. Department of Health, Education, and Welfare that administers Medicare, Medicaid and other programs related to financing timely and appropriate delivery of health care services. The mission of this agency is to promote the timely, cost effective delivery of appropriate quality health care services to Agency beneficiaries; to make beneficiaries aware of the services for which they are eligible; to make those services accessible; and to ensure that Agency policies and actions promote efficiency and quality within the total health care delivery system.

This booklet is designed to summarize Title XVIII of the Social Security Act for the specific purpose of training Health Care Financing Administration employees.

It does not take the place of regulations, operating procedures, or manual instructions.

BUREAU OF PROGRAM OPERATIONS
MEDICAID/MEDICARE MANAGEMENT INSTITUTE

Additional copies of this booklet can be obtained by contacting your servicing Health Care Financing Administration (HCFA) Regional Office or by writing to Health Care Financing Administration, Office of Management and Budget, Office of Human Resources and Administrative Services, 1710 Gwynn Oak Avenue, Baltimore, Maryland, 21235.

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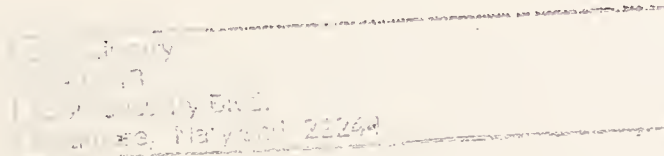
TO THE STUDENT

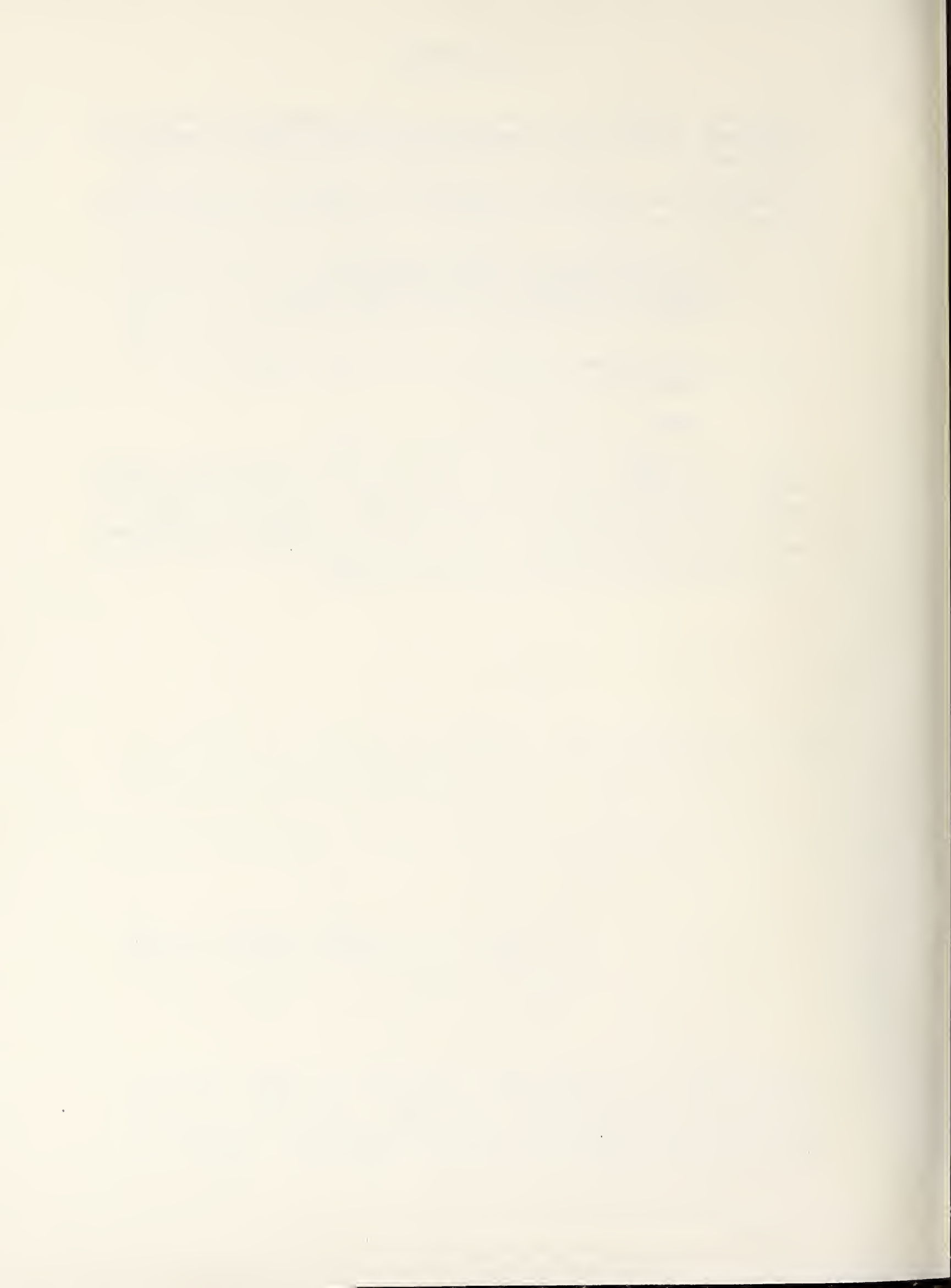
This is a programmed learning text (PLT) covering the topics of enrollment in the health insurance program and groups eligible for enrollment.

If this is your first time using a PLT, here are a few tips on how to use this text.

1. When a response is called for, write it in the space provided before checking your answer. This will help you fix the correct answer in your memory.
2. If you answer incorrectly, reread the frame(s) teaching that concept.
3. Proceed at a speed comfortable for you.

Most of the pages in the text require the use of an "answer mask" which is provided on the back inside cover. Place the mask on the page so that it reveals only the top frame, covering the answer on the right. After you have selected your response, slide the mask down to reveal the correct answer and the next frame. Proceed in this manner unless the text instructs otherwise.





The cost of medical care is extremely high these days. Hospitals charge over \$100 per day and doctors get between \$10 and \$15 for each office visit. Laboratory tests are expensive; wheelchairs, crutches, and canes are costly. You can't even ride to the hospital in an ambulance without incurring a \$25 tab. Is it any wonder people say they can't afford to get sick?

However, illness has no conscience. It attacks people of all ages and at any time. Unfortunately, those who are hit the hardest by the costs of illness are the elderly. They are not in a boat by themselves though, because costs are now so great that health care expenses are prohibitive for the vast majority of our citizens.

Medicare is a Federal health insurance program designed to help several categories of people in meeting health care costs. This programmed learning text is designed to instruct you on what the program is, who is eligible and who is not, and how eligible persons become enrolled.

Medicare became law in 1965 and, on the effective date of July 1, 1966, provided protection for eligible people age 65 and over against the burden of health care costs.

READ ON

Since that time, the services that have been included for coverage and the categories of eligible people have been extended by amendments to the original act.

GO ON TO NEXT FRAME

There are two insurance programs to assist the eligible persons in meeting their medical expenses -- Hospital Insurance (HI) and Supplementary Medical Insurance (SMI).

PROCEED

These two programs have been identified by several terms and initials that are often used interchangeably, e.g.

- Hospital Insurance Benefits, HIB, HI, also Part A
- Supplementary Medical Insurance Benefits, SMIB, SMI, MI, also Part B

READ ON

Other references for Hospital Insurance are HIB, HI, and _____.

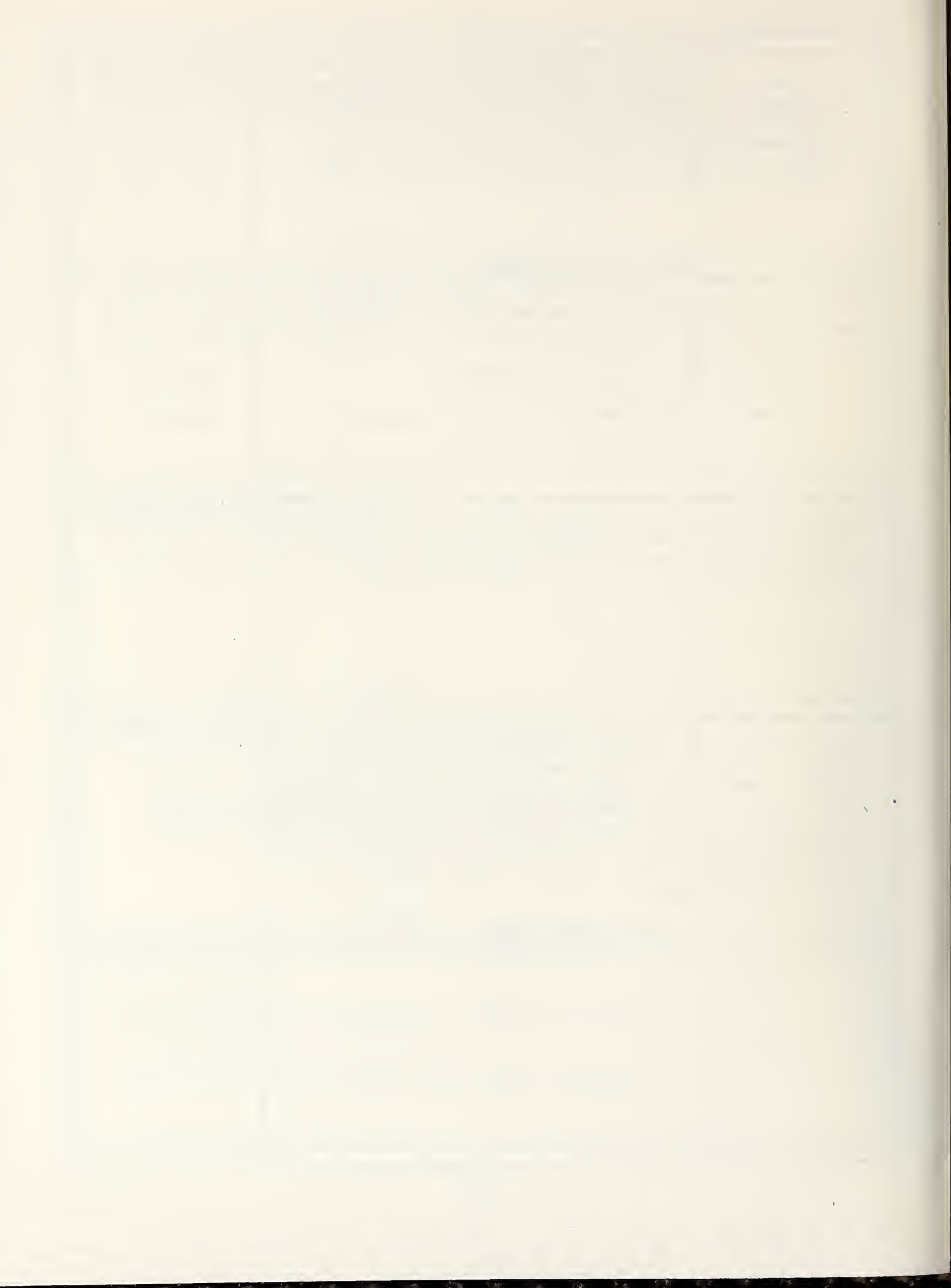
Other references for Supplementary Medical Insurance are SMIB, SMI, MI, and _____.

This text will use all terms at one time or another.

Part A

Part B

<p>In general, the difference between these two programs is that Hospital Insurance (Part A) provides for protection against the cost of hospital and related care while Supplementary Medical Insurance helps pay physicians' charges and other medical expenses not covered under Part A.</p> <p>GO ON TO NEXT FRAME</p>	
<p>The two insurance plans to assist eligible persons in meeting their medical expenses are:</p> <ol style="list-style-type: none"> 1. Part A or _____ Insurance. 2. Part B or Supplementary _____ Insurance. 	<p>Hospital Medical</p>
<p>Let's discuss these two plans separately. The first part of this book will deal with the program designed to protect against hospital and related costs. So we will first discuss the _____ insurance program.</p>	<p>hospital</p>
<p>In looking at the hospital insurance program, we will discuss it in light of the various categories of eligible people. The first category is the aged, those persons 65 and over. The other categories include long term disability beneficiaries and certain persons suffering from end stage renal disease and requiring kidney transplantation or a course of dialysis. Each of these groups will be explained separately.</p> <p>GO ON TO NEXT PAGE</p>	



HI Eligibles (Aged Category)

This section discusses those persons eligible for Hospital Insurance by virtue of being age 65 and over.

1. Monthly Social Security or Railroad (RR) beneficiaries
2. Potential monthly Social Security or RR beneficiaries
3. Deemed Insured Individuals
4. Premium-HI Eligibles

<p>First, we will discuss monthly Social Security and RR beneficiaries. These are persons entitled to monthly cash benefits. It includes those who are receiving such benefits and those who would be getting cash benefits but are not because of current work earnings or for some other reason. If they are 65 years of age or older, they are automatically entitled to HI.</p> <p>Mary, age 68 and receiving widow's benefits, <u> </u> (is/is not)</p>	<p>is</p>
<p>Charlie, who is 63 and receiving monthly parents' benefits, is also entitled to HI. <u> </u> (True/False)</p>	<p>False. Charlie is not 65 or over</p>
<p>Walter is 66. He retired 2 years ago and signed up for Social Security benefits, but after receiving them for a few months, decided to go back to work. His earnings were too high to allow him to receive benefits any longer. Does his entitlement to HI stop? <u> </u> (Yes/No)</p>	<p>No. He is still a beneficiary and he is over age 65</p>
<p>Now let's talk about potential beneficiaries. These are people 65 and over who meet the requirements for entitlement to monthly Social Security or RR retirement benefits but have not yet filed an application. Often, the reason for not filing is that no cash benefits are payable because of work earnings. These people will establish their entitlement to HI upon filing an application for Social Security benefits, whether or not the benefits are payable.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Ann will be 65 next month. Although she has no interest in retiring, she can still be entitled to HI. <u> </u> (True/False)</p>	<p>True</p>

Paul, age 67, has been working for 29 years. He is still working and has not retired yet. Is Paul eligible for HI? _____	Yes
<p>HI entitlement can be retroactive as much as 12 months prior to filing if all requirements are met.</p> <p>Tom, born 09/02/10, was fully insured at age 65 but did not file for Social Security until 10/10/77. His month of entitlement to HI was _____</p>	10/76
<p>Potential beneficiaries may also be wives, widows, or other dependents who have never worked under Social Security or Railroad Retirement.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Joe has decided to retire and file for monthly benefits at age 64. His wife, Lucille, is 65 and has never worked. She _____ be entitled to HI. (can/cannot)</p>	Can. (She must file an application for wife's benefits.)
<p>In situations where a wife, who is uninsured, turns 65 before her husband, he can file (if he is 62 or over) to enable her to establish entitlement to HI. He can do this even though he has no intention of getting cash benefits until later on.</p> <p>GO ON TO NEXT PAGE</p>	

<p>Suppose Joe (2 frames ago) did not intend to retire. Lucille, who never worked, needs to be hospitalized. She can become _____ to HI as a wife even if no monthly cash payments are payable. Joe must file an application for reduced cash benefits and Lucille must file an application for wife's benefits.</p>	<p>entitled</p>
<p>During the first few years of the hospital insurance (HI) program, many persons who did not meet the eligibility requirements just discussed were covered under a special <u>deemed insured</u> provision. Most of this group have established their entitlement by now, but you should be aware of the requirements.</p> <p>There are 3 requirements that must be satisfied. They will be discussed one by one.</p> <p style="text-align: center;">READ ON</p>	
<p>The first requirement is insured status. In some cases, no quarters of coverage under Social Security were required. In other cases, fewer quarters of coverage were required for hospital insurance than were required for monthly benefits.</p> <p style="text-align: center;">GO ON TO NEXT FRAME</p>	
<p>Under the special deemed insured provision, any person who was age 65 before 1968 needed no quarters of coverage to be eligible for protection under the HI program at age 65.</p> <p>Ronald Cree, born 02/09/02, needs _____ quarters of coverage to be eligible for protection under the HI program. This is because he was 65 before _____.</p>	<p>0 1968</p>
<p>An individual who attained age 65 after 1967 must have not less than three quarters of coverage (QC's), whenever acquired, for each year after 1966 and before the year he attained age 65.</p> <p>John became age 65 in 1968. How many QC's does he need to be eligible for HI under the special deemed insured provision? _____</p>	<p>3</p>

<p>Fill in the missing blanks below:</p> <table> <thead> <tr> <th>Year Attains Age 65</th><th>QC Requirement</th></tr> </thead> <tbody> <tr> <td>Before 1968</td><td>None</td></tr> <tr> <td>1968</td><td>3</td></tr> <tr> <td>1969</td><td>-</td></tr> <tr> <td>1970</td><td>9</td></tr> <tr> <td>1971</td><td>-</td></tr> </tbody> </table> <p>The number of QC's needed for deemed insured status are the same as for fully insured status (cash benefits) for women attaining age 65 after 1973 and men attaining age 65 after 1974.</p>	Year Attains Age 65	QC Requirement	Before 1968	None	1968	3	1969	-	1970	9	1971	-	<p>6</p> <p>12</p>
Year Attains Age 65	QC Requirement												
Before 1968	None												
1968	3												
1969	-												
1970	9												
1971	-												
<p>Remember, this special insured status provision applies only to people who are not fully insured or eligible for any type of monthly Social Security or Railroad Retirement benefit.</p> <p>Margaret is receiving parents' benefits at age 65. She _____ need to meet the special insured provision. (will/will not)</p>	<p>will not</p>												
<p>Pat applied for retirement and hospital insurance benefits at age 65 in 1968. He had 4 QC's. His Retirement Insurance Benefit (RIB) claim was disallowed and his HI claim was _____.</p>	<p>allowed</p>												
<p>The second requirement is that the proper application must be filed.</p> <p>When the preliminary interview indicates the claimant for hospital insurance benefits will not be entitled to any type of monthly Social Security benefits, we should help the claimant complete an SSA-18F4 Application for Hospital Insurance Entitlement.</p> <p>The application to be used to entitle persons who are deemed insured is the _____.</p>	<p>SSA-18F4</p>												
<p>An SSA-18F4 is used to entitle <u>deemed insured</u> beneficiaries to Medicare benefits.</p> <p>Would Robert Ramsey, a claimant who wants to file for monthly retirement benefits as well as Medicare benefits, use an SSA-18F4?</p>	<p>No. (The SSA-18F4 is for deemed insured claimants only. He would file an SSA-1.)</p>												

<p>The third requirement focuses on residence and citizenship requirements; under all circumstances, the individual must reside in the United States. In addition, a person must be a citizen <u>or</u> an alien meeting certain conditions.</p> <p>William Shields, age 90, born and raised in the U.S. comes in to file for HI. He can be entitled under the _____ provision.</p>	<p>deemed insured</p>
<p>The two conditions the alien must meet are:</p> <ol style="list-style-type: none"> 1. must be lawfully admitted for permanent residence, and 2. must reside in the U.S. (continuously) for a 5-year period immediately preceding the month of filing. <p>READ ON</p>	
<p>Nguyen Sien, age 77, was lawfully admitted to this country as a permanent resident alien 3 years ago. Although she is a permanent resident, Nguyen cannot qualify for coverage because she is an alien who has been here less than _____ years.</p>	<p>5</p>
<p>There are two groups of persons who are specifically excluded from deemed insured entitlement:</p> <p>Federal employees who retired after 02/15/65 and could have been covered under the Federal Employees Health Benefit Plan, whether or not they did enroll, are one of the groups precluded from coverage under the deemed insured provisions.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Harry retired from the Post Office Department, April 1, 1967. He could have enrolled in the Federal Employees Health Benefit Plan but did not do so. He cannot qualify for Hospital Insurance under the _____ insured provision.</p>	<p>deemed</p>

<p>The other group excluded from coverage is comprised of those individuals convicted of specific crimes against the United States, like treason.</p> <p>Now let's talk about the last group of eligible persons in the aged category -- Premium-HI eligibles.</p> <p>PROCEED</p>	
<p>This group of individuals is 65 or over but cannot be eligible for HI because they do not meet the requirements for deemed insured status. Effective 07/01/73, they could be covered by enrolling and electing to pay a substantial monthly premium. This is known as PREMIUM-HI.</p> <p>GO ON TO NEXT FRAME</p>	
<p>"Premium-Hi Enrollees," as they are known, are persons who do not meet the requirements for _____ status but can still be covered by electing to pay a monthly premium for their HI protection.</p>	<p>deemed insured</p>
<p>Since the Premium-HI enrollee is not receiving a monthly Social Security or Railroad Retirement annuity, the monthly premium must be collected by sending the enrollee a bill. The due dates for payment of these premiums are exactly the same as for SMI (discussed in a later section).</p> <p>GO ON TO NEXT FRAME</p>	
<p>The Premium-HI Enrollees must also meet 4 requirements for entitlement that are somewhat similar to those for deemed insured status. First of all, they must not have the quarters of coverage needed for deemed insured status.</p> <p>GO ON TO NEXT PAGE</p>	

James Williams, 71, has never had any Social Security covered employment and never contacted his Social Security office to file for Medicare. Upon coming in on another matter, he found that though he had no _____, he could be covered as a Premium-Hi Enrollee.	quarters of coverage
In order for James to become entitled, he must satisfy the second requirement which is to file the proper application, Form SSA-18F4 (the same form needed for deemed insured status).	
READ ON	
Steven Riley was discovered to be eligible for Premium-HI after calling his local Social Security office. He was advised, among other things, that he must file an SSA-_____.	18F4
The third requirement is that the Premium-HI Enrollee must, at the same time, sign up for Part B (SMI) if not already enrolled in SMI. The Premium-HI enrollee cannot be covered for Premium-HI prior to the effective SMI coverage date.	
GO ON TO NEXT FRAME	
J. Sheldon inquires at the Social Security office about Premium-HI stating he does not want SMI coverage. He _____ be entitled to Premium-HI. (can/cannot)	cannot

The fourth requirement for Premium-HI entitlement is the residency and citizenship requirement which is identical to the one required for deemed insured status. Do you remember it? If you think so, read on and find out. If not, back up 2 pages and review it before proceeding.

GO ON TO NEXT FRAME

Sergio just turned 65. He had been lawfully admitted to this country 6 years ago, but returned to his native country to reside for 12 months. He just returned to the U.S. last month. He has never had any QC's but wishes to file for Premium-HI. Can he be entitled? _____

No, Sergio must have resided in the U.S. continuously for the 5 years before the month of filing.

There is one group of persons that are excluded from HI coverage under Premium-HI. These are certain persons convicted of specific crimes against the U.S.

GO ON TO NEXT FRAME

Unlike the other 3 groups of HI eligibles in the aged category, Premium-HI eligibles can only enroll during specified enrollment periods: the Initial Enrollment Period (IEP) and the General Enrollment Period (GEP).

READ ON

The IEP is the first opportunity an eligible person has to enroll in Premium-HI. It begins 3 months before the month of first eligibility (usually age 65) and ends 3 months after that month, a 7-month period.

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<p>Tom Steadman was 65 on 02/03/79. His IEP began and ended <u> </u>. <div style="text-align: right;">(mo/day/yr)</div></p>	<p>11/01/78 05/31/79</p>
<p>What would the initial enrollment period be for people with the following dates of birth?</p> <p>1. 07/13/11 <u> </u></p> <p>2. 03/30/15 <u> </u></p> <p>3. 09/03/14 <u> </u></p>	<p>04/76 - 10/76 12/79 - 06/80 06/79 - 12/79</p>
<p>Let's say it one more time. There are 7 months in the initial enrollment period when a person can enroll for Premium-HI. The period starts with the 3 months before the month the person attains age 65 and ends with the last day of the third month after the month of attainment of age 65.</p> <p style="text-align: center;">GO ON TO NEXT FRAME</p>	
<p>By applying for Premium-HI in any one of the 3 months before attaining age 65, a person's coverage begins with the month of attainment of age 65.</p> <p>When will Premium-HI coverage start for these people?</p> <p>1. Claire Doll, born 04/28/12, files 03/25/77 <u> </u></p> <p>2. Bill Kirk, born 09/25/14, files 07/24/79 <u> </u></p>	<p>04/77 09/79</p>
<p>If the person enrolls later than the first 3 months of the IEP, the first month of coverage is different. The basic rules and the chart on the following page will explain what we mean.</p> <p style="text-align: center;">GO ON TO NEXT PAGE</p>	

The first month of coverage for Premium-HI is determined by the month the person enrolls for Premium-HI. There are four basic rules for new enrollees who file in their 7 month initial enrollment period.

1. If a person enrolls in any of the 3 months preceding the month the requirements for coverage are met, the coverage period will begin on the first day of the month such requirements are met.
2. Enrollment in the first month that all requirements are met -- coverage period begins with the first day of the next month.
3. Enrollment in the month following the month the requirements are met -- coverage begins with the first day of the second month following the month of enrollment.
4. Enrollment in the last two months of the initial enrollment period -- coverage period begins the first day of the third month following the month of enrollment.

THIS CHART ILLUSTRATES THE ABOVE SITUATIONS

INITIAL ENROLLMENT PERIOD										
(7 months)										
E-3	E-2	E-1	E	E+1	E+2	E+3	E+4	E+5	E+6	E+7
X	X	X	C							
			X	C						
				X		C				
					X			C		
						X			C	
							X			C

X - month of enrollment
 C - first month of coverage
 E - month first eligible for coverage

<p>Using the chart on the previous page and assuming the requirements for enrollment for the following people are met at attainment of age 65, determine the effective date of coverage based on the date they enroll.</p> <ol style="list-style-type: none"> 1. John Hill, born 06/13/14, applies for Premium-HI 09/05/79, his coverage begins _____. 2. Joseph Lipsky was born 08/12/13. Being an early bird, he filed for Premium-HI on 05/30/78. His coverage began _____. 	<p>12/01/79</p> <p>08/01/78</p>
<p>You now know that a person's coverage begins with the first day of the first month the requirements for Premium-HI are met if the person files for Premium-HI in one of the _____ months before the requirements are met.</p>	<p>3</p>
<p>However, if a person files in the month the requirements for enrollment are met, coverage doesn't begin until the first day of the month _____ the month of enrollment.</p>	<p>following</p>
<p>When delaying enrollment for Premium-HI until the month following the month the requirements are met, a person's coverage begins on the _____ day of the _____ month following the month of actual enrollment.</p>	<p>first, second</p>
<p>The Premium-HI coverage for a person filing for HI in the second or third month after meeting the requirements will not begin until the _____ day of the _____ month after enrollment.</p>	<p>first, second</p>

<p>People who fail to enroll during their initial enrollment period can only enroll during a general enrollment period (GEP). The general enrollment period is January - March of each year.</p> <p>Evelyn Meadows failed to enroll in her initial enrollment period. She will be allowed to enroll during a _____.</p>	<p>general enrollment period</p>
<p>A person who fails to enroll during their initial enrollment period can enroll during any subsequent general enrollment period.</p> <p>Could Tom Hokey, whose initial enrollment period ended 02/79, have enrolled in 03/79?</p>	<p>Yes</p>
<p>What is the next enrollment period that he could have after that? _____ through _____.</p>	<p>January 1, 1980 March 31, 1980</p>
<p>Susan Bird's initial enrollment period ended 02/28/79. She can enroll in any GEP. True or False?</p> <p>The first month that she could have enrolled was _____.</p>	<p>True March, 1979</p>
<p>Coverage for people who enroll during a general enrollment period begins with July 1 of that same year.</p> <p>Julia Goggins attained age 65 in 05/10/78. She wasn't enrolled in her IEP but finally did enroll on 02/10/79. When was Julia's first date of coverage? _____. (mo/day/yr)</p>	<p>07/01/79</p>

<p>Keep all this enrollment information in mind since it is exactly the same for SMI which we will discuss later in the Text.</p> <p>GO ON TO NEXT FRAME</p>	
<p>That's how enrollment in Premium-HI works, now what about termination? Premium-HI is terminated by:</p> <ol style="list-style-type: none"> 1) death; 2) voluntary termination-effective the end of the month following the month the request for termination is filed; 3) non-payment of premiums-effective the end of a 90-day grace period; 4) termination of SMI; 5) eligibility or entitlement to non-premium HI. 	
<p>Two reasons for Premium-HI termination are non-payment of _____ and termination of _____.</p> <p>Let's review what we have learned before proceeding further.</p> <p>CONTINUE</p>	<p>premiums, SMI</p>
<p>We have learned so far that there are 2 insurance programs to assist the aged in meeting their medical expenses. These are the _____ Insurance (HI) program and Supplementary _____ Insurance (SMI) program.</p> <p>We also learned that the HI program primarily takes care of _____ expenses, while the SMI program covers physicians' services and other _____ expenses.</p>	<p>Hospital Medical</p> <p>hospital medical</p>
<p>In order to be eligible for entitlement under the HI program in the aged category, an individual must be at least _____ years old.</p>	<p>65</p>

One of the groups the HI program covers is all persons 65 and over who are monthly _____ or Railroad Retirement beneficiaries.	Social Security
Another group eligible for coverage is the one in which eligibles are 65 or over but have not yet filed an _____ application for HI entitlement.	
Joan comes into the Social Security office desiring HI. She just turned 65 but never worked under Social Security. Jonathan, her husband, is 62 and could receive cash benefits except that he is not yet retired. Can Joan be entitled to HI? (Yes/No)	Yes. She is a potential beneficiary. However, Jonathan must file for reduced RIB to enable Joan to file as a wife (even though he will receive no cash benefits).
It also covers most persons who became age _____ before 1968, who could not qualify for monthly benefits and those who attained age 65 after 1967 if they had _____ QC's for each year after 1966, up to the year of attainment of age 65. These are _____ eligibles.	65 3 deemed insured
The deemed insured provision for the aged does not apply to women becoming age 65 after _____ or to men becoming age 65 after _____ because the QC's required at that point amount to the same number needed for _____ insured status.	1973 1974 fully

<p>If an individual has insufficient quarters of coverage for deemed insured status, it is still possible for him or her to be covered as a _____.</p>	<p>Premium-HI Enrollee</p>
<p>The application form for both deemed insured and Premium-HI applicants is _____.</p>	<p>SSA-18F4</p>
<p>There are 2 types of enrollment periods. They are the _____ and _____ enrollment periods.</p> <p>The IEP starts with the 3rd month before the month the person attains age 65 and ends with the last day of the third month after the month of attainment of age 65.</p>	<p>initial, general</p>
<p>General enrollment periods extend from _____ through _____ of every year. Coverage for those who enroll in a GEP begins _____ of that year.</p>	<p>January 1 March 31 July 1</p>
<p>GO ON TO NEXT PAGE</p>	

HI ELIGIBLES (DISABLED CATEGORY)

This section discusses those persons eligible for hospital insurance because they are disabled. This will include:

1. disabled wage earners,
2. adult disabled children, and
3. disabled widows/widowers.

<p>Now let's discuss the disabled category of people eligible for HI. Individuals (of any age) who have been receiving a disability based benefit for 24 continuous months can be entitled to HI. Disability based benefits include disability insurance benefits (DIB), childhood disability benefits (CDB), and disabled widow(er) benefits (DWB). This coverage was made available 07/01/73.</p> <p>GO ON TO NEXT FRAME</p>	
<p>John Jones has been receiving disability benefits since 07/70. He _____ be entitled to HI benefits. (would/would not)</p>	<p>would</p>
<p>The 24 continuous months of disability entitlement, referred to above, is called the "qualifying period" that a disabled beneficiary must serve in order to be entitled to HI.</p> <p>This qualifying period is a _____ month period in (how many) which the person must have been _____ entitled to disability benefits.</p>	<p>24 continuously</p>
<p>Any "waiting period" (the 5 month period that must be served before entitlement to DIB or DWB) is not included in the 24 month "qualifying period."</p> <p>Fred Hurl became disabled 01/10/78 and began receiving disability payments effective 07/01/78. He will automatically become entitled to HI on 01/01/80. _____ (True/False)</p>	<p>False. He must have been receiving DIB for 24 continuous months. 07/01/80 is the date of HI entitlement.</p>
<p>If entitlement to disability benefits begins after 63, the 24-month qualifying period becomes irrelevant. This is because the disabled person will be age 65 before the qualifying period has ended. Therefore, the person will be entitled to HI by virtue of being age 65, not on the basis of disability entitlement.</p> <p>GO ON TO NEXT PAGE</p>	

<p>Dan Cramer, born 08/02/13, became entitled to disability benefits in 08/77. He _____ become entitled to HI coverage in 8/78. (would/would not)</p>	<p>Would. Dan becomes age 65 prior to the expiration of the 24-month qualifying period.</p>
<p>Interruptions in the 24-month qualifying period caused by loss of disability entitlement results in the requirement of a new 24-month qualifying period.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Phil Wadsworth became entitled to DIB in 09/75, and entitlement was subsequently terminated in 02/77. Having become re-entitled in 0/77, the earliest date for HI would be _____. (mo/yr)</p>	<p>08/79</p>
<p>Though there are some minor differences in eligibility requirements, HI entitlement under Medicare was also extended to Railroad Retirement disability cases by the 1972 amendments. We will not discuss these differences in this publication.</p> <p>READ ON</p>	
<p>We will now talk about childhood disability benefits as they apply to HI entitlement. As with other disability beneficiaries, those persons entitled to childhood disability benefits (CDB) are automatically entitled to HI with the 25th month of CDB entitlement.</p> <p>Since CDB entitlement can begin no earlier than age 18, HI will <u>never</u> become effective prior to age ____.</p>	<p>20. The adult disabled child must be receiving disability benefits for 24 consecutive months.</p>

<p>James became totally disabled at age 5 and became entitled to CDB in August, 1978 at age 18. He will become entitled to HI in <u> </u>. (mo/yr)</p>	<p>08/80 (at age 20)</p>
<p>John, disabled since birth, became 36 in 04/79. His father filed for CDB on his behalf in the same month. The CDB award was made retroactive for 12 months. When will John be entitled to HI benefits?</p>	<p>04/80, the 25th month of CDB benefit entitlement.</p>
<p>It should be pointed out that the fact that the disability based benefit is not payable for some reason, e.g., suspension or deduction, does not affect the child's right to HI (so long as entitlement to disability continues).</p> <p>GO ON TO NEXT FRAME</p>	
<p>Robert, who became entitled to CDB benefits, has not received any checks because his father was working full-time. Nevertheless, after 24 months of entitlement to CDB, he becomes entitled to <u> </u>.</p>	<p>HI</p>
<p>GO ON TO NEXT PAGE</p>	

ITEM 1: Over the past few pages we have learned that individuals who have been continuously entitled to a disability-based benefit for 24 months are entitled to HI. This includes adults as well as adult disabled children. One of the childhood disability requirements, as you may recall, is that the disabled child can be entitled to HI no earlier than age 20. The reason is that the child can be entitled to the disability based benefit no earlier than age 18--24 months of this entitlement must elapse before the HI entitlement can begin.

Disabled widows have requirements similar to children. To clarify, a widow who is disabled cannot be eligible for a disability-based benefit until age 50. Twenty-four months of entitlement must elapse before she can be entitled to HI. Therefore, the earliest an individual can be entitled to HI as a disabled widow would be at age 52.

Alma Peterson, who just turned 51, has been disabled with multiple sclerosis for 20 years and has not worked. Her husband died this month. Alma has never had children, so she enlisted the aid of a friend to take her to the Social Security office where she filed for Disabled Widow's Benefits (DWB). In addition to her monthly cash benefit as a disabled widow she was interested in HI entitlement.

She asked the Claims Representative when she could be entitled.

Which was the correct response?

- a. Right away because she has been disabled for 24 consecutive months prior to filing. (See item 2.)
- b. At age 52 because that is the earliest age at which Alma can become entitled. (See item 3.)
- c. At age 53 because she must be entitled for 24 consecutive months. (See item 4.)

ITEM 2: (1a) You feel Alma will be entitled right away. That would be nice and Alma would certainly be pleased. However, even though Alma could establish that she had been disabled for 24 continuous months, she must be actually entitled to the disability based retirement for that length of time before she could become entitled to HI. Return to item 1 and select another answer.

ITEM 3: (1b) You have correctly determined that the earliest possible age for HI entitlement is age 52, but you forgot that she would have had to serve the 24 continuous months of DWB entitlement before HI begins. Alma's DWB entitlement could not begin earlier than the point at which she could file as a widow, i.e., at age 51 when her husband died. Return to item 1 and select another answer.

ITEM 4: (1c) Absolutely right. You have correctly determined that Alma's entitlement to the disability based benefit, DWB, could not begin until age 51. You have then correctly figured that she would be age 53 (24 months later) before HI entitlement becomes effective.

<p>So far we have been discussing individuals <u>actually</u> entitled to monthly disability benefits. One such category has been the disabled widow beneficiary (DWB).</p> <p>Mary Jones has been receiving DWB benefits and is therefore entitled to _____ after 24 months.</p>	<p>HI</p>
<p>In certain situations an individual not actually entitled to DWB may be <u>deemed</u> entitled to DWB for HI purposes.</p> <p>What does this mean?</p> <p>GO ON TO NEXT FRAME</p>	
<p>It simply means that a person is allowed to satisfy the 24-month qualifying period requirement for entitlement to HI or to continue HI entitlement <u>in the same way</u> as if she were actually entitled to the benefit in each month of "deemed entitlement." This may seem confusing but the following examples should help your understanding.</p> <p>READ ON</p>	
<p>Hattie Howard has been receiving DWB for the last 3 years and therefore has HI benefits too. Hattie turned 60 this month and became entitled to D (widow's) benefits; therefore her disability benefits stopped. Although her disability benefits stopped she is still _____ to DWB for HI purposes.</p>	<p>deemed entitled</p>
<p>Mrs. James, a disabled widow beneficiary, became entitled to HI benefits because she had been receiving the cash benefit for more than the 24 month qualifying period. Later on, though still disabled, she chose to receive a reduced retirement benefit because it was a larger cash benefit. Since her DWB terminates, her HI benefit terminates.</p> <p>(True/False)</p>	<p>False. She becomes deemed entitled.</p>

<p>Mrs. James' HI entitlement will continue uninterrupted until age 65. When a person's entitlement to DWB ends upon entitlement to RIB (before age 65) she is <u>deemed</u>, for purposes of HI entitlement only, to be entitled to DWB until age 65.</p> <p>If Mrs. James' DWB ended because of entitlement to a D benefit at age 60, the same deemed entitlement rationale applies.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Note: Any cessation of disability terminates HI entitlement.</p> <p>Rita's DWB terminated at age 60 when she changed to a D benefit with deemed DWB entitlement. At age 64 her condition improved and she was determined no longer disabled. Her HI _____ continue to age 65. (does/does not)</p>	<p>does not</p>
<p>With Mrs. James' case we have been focusing on examples of widows who have actually been entitled to DWB and then became deemed entitled, upon filing, for RIB or D benefits. Now let's talk about the individual who has never been entitled to DWB. This could be the widow, over age 60, who, except for this age factor, could meet the requirements for DWB.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Tillie has been disabled for many years and has never worked under Social Security. She was widowed at age 61 and had to file for D benefits because she was too old to file for DWB. She can, however, be _____ for purposes of establishing entitlement to HI.</p>	<p>deemed disabled</p>
<p>To establish deemed DWB entitlement the person would need to submit an SSA-17 (Statement Regarding Disability) marked at the top to show that it is being filed for purposes of HI entitlement.</p> <p>Mrs. Smith, a D beneficiary, wishes to establish deemed DWB entitlement. She must file an _____.</p>	<p>SSA-17</p>

<p>Deemed DWB entitlement can be established for a widow, age 50-60, who is under a disability and has in her care an entitled child.</p> <p>Mrs. McGee, 53, became entitled to E (mother's) benefits in 07/77 when her husband died. She had a child, age 16, in her care. She was also disabled from a fall years before. She could file an _____ and be considered _____ disabled.</p>	<p>SSA-17 deemed</p>
<p>Mrs. McGee could file for actual DWB if she wishes. There are disadvantages to be weighed in either case.</p> <ol style="list-style-type: none"> 1. E benefits are subject to "in-her-care" deductions and terminate when the child is no longer entitled. 2. DWB benefits cause a proportionately higher reduction of benefits the earlier they are taken before age 60. <p>GO ON TO NEXT FRAME</p>	
<p>Now let us talk about termination events that will stop HI entitlement for individuals who have Medicare by virtue of a disabling condition. Generally, anything that terminates entitlement to the disability-based benefit terminates HI.</p> <p>READ ON</p>	
<p>The date of HI termination will be the later of</p> <ol style="list-style-type: none"> 1. the month in which the disability-based benefit terminates <p>or</p> <ol style="list-style-type: none"> 2. the month after the month the notice of termination is sent. <p>GO ON TO NEXT FRAME</p>	
<p>For example, Ms. Holcomb, a 54 year old widow with an entitled child in her care, has been deemed disabled for 4 years. She has recently remarried. Since remarriage ends entitlement to any benefits on her deceased husband's account, her entitlement to _____ also terminates.</p>	<p>HI</p>

<p>Ruth's entitlement to disabled widow's benefits ended recently because her condition improved. Her entitlement to HI _____ terminate.</p> <p>(will/will not)</p>	<p>will</p>
<p>There is an exception to the general statement made above. For HI purposes, there may be deemed entitlement in certain cases. If a person's DWB terminates because of entitlement to RIB before age 65, the person will be <u>deemed</u> entitled to DWB until age 65 for HI purposes only.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Mrs. Smithson, born 03/05/15, was entitled to a DWB in 06/74 when her husband died. Her DWB became a D widow benefit which was terminated in 10/77 when she became entitled to a RIB. Her HI entitlement was effective _____ because of deemed DWB entitlement. Her deemed (mo/yr) _____ DWB entitlement and, therefore, her HI entitlement _____ continue when she became entitled to RIB.</p> <p>(did/did not)</p>	<p>06/76</p> <p>did</p>
<p>GO ON TO NEXT PAGE</p>	

HI ELIGIBLES (CHRONIC RENAL DISEASE CATEGORY)

This section discusses those persons eligible for Hospital Insurance because of chronic renal disease. Persons entitled to HI in this category can be any age.

<p>Up until now we have discussed eligibility for HI based on deemed disability and regular disability. Now let's talk about eligibility to HI based on chronic renal disease.</p> <p>For convenience, we will refer to health insurance benefits based on chronic renal disease as R-HI and R-SMI. This will help to distinguish this coverage from HI based on the other eligibility requirements of age or disability.</p> <p>GO ON TO NEXT FRAME</p>	
<p>In order to be eligible for R-HI, individuals must undergo:</p> <ol style="list-style-type: none"> 1. a regular course of dialysis (an artificial means of removing wastes from the blood) <u>or</u>, 2. a kidney transplant. <p>GO ON TO NEXT FRAME</p>	
<p>Sarah Hammer has had a chronic kidney condition for years. It is kept under control through diet and medication. She _____ eligible for R-HI. (is/is not)</p>	<p>is not</p>
<p>In order to be entitled to R-HI, individuals, in addition to meeting the medical requirements, must also be:</p> <ol style="list-style-type: none"> 1. fully or currently insured under SS or RR, <u>or</u> 2. a monthly SS beneficiary or RR annuitant, <u>or</u> 3. a spouse or dependent child of 1 or 2 above. <p>GO ON TO NEXT FRAME</p>	
<p>Alice began collecting Social Security benefits 2 months ago at age 62. She has never been married. She recently began a course of dialysis due to chronic renal disease but she cannot be entitled to R-HI until age 65. (True/False)</p>	<p>False</p>

<p>Before we go into more detail on this category, we wish to clear up one point on eligibility: Entitlement to R-HI does not extend to members of the eligible individual's family. (Such members can only be eligible if they themselves meet the necessary requirements.)</p> <p>GO ON TO NEXT FRAME</p>	
<p>Sam meets all requirements and becomes entitled to R-HI. His wife and ten year old daughter living in the same household _____ entitled to Medicare. (are/are not)</p>	<p>are not, unless they meet the requirements themselves</p>
<p>For those eligible individuals who are undergoing a regular course of dialysis R-HI cannot begin earlier than the beginning of the third month after the month the course of dialysis begins unless, before such third month the individual begins a self-care training program in the expectation of undergoing self-care dialysis.</p> <p>GO ON TO NEXT FRAME</p>	
<p>John Kahe began a course of dialysis or CRD on 06/30/79. John doesn't enter a self-care training program. His first month of eligibility for R-HI would be _____. (mo/yr)</p>	<p>09/79</p>
<p>If John began treatment 1 day later on 07/01/79, the first month of his R-HI entitlement would be _____. (mo/yr)</p>	<p>10/79</p>
<p>William's course of dialysis began 02/03/79. He entered a self-care training course on 04/06/79 in the expectation of dialyzing at home in the near future. His first month of eligibility for R-HI would be _____. (mo/yr)</p>	<p>02/79</p>

<p>An individual may not always meet the technical requirements (insured status, relationship, etc.) at the time a course of dialysis begins; however, upon meeting all non-medical requirements, entitlement would become immediately effective (provided that 2 calendar months have passed after the month dialysis began).</p> <p>GO ON TO NEXT FRAME</p>	
<p>Gilbert Evans, born 06/56, graduated from college in 05/77. In 06/78, after working only a short while, he was diagnosed as having CRD. Neither of his parents were fully or currently insured or received any monthly benefits. He received dialysis treatment beginning 06/78, yet continued working and became currently insured in 09/78 and entitled to R-HI as of _____.</p> <p>(mo/day/year)</p>	<p>09/01/78</p>
<p>Jerry T. O'Neill, age 4, was diagnosed as having CRD and began dialysis treatment 08/78. Neither parent was fully or currently insured or receiving monthly benefits; however, Jerry's father became currently insured as of 01/79. Jerry's R-HI entitlement would be effective _____.</p> <p>(mo/day/year)</p>	<p>01/01/79</p>
<p>As you remember, disability-based HI benefits (D-HI) are effective after 24 consecutive months of disability entitlement. Entitlement based on CRD (R-HI) is effective after 2 calendar months have passed since the course of dialysis treatment began. Entitlement to R-HI begins with the first day of the first month in which the regular course of dialysis begins if the patient enters a self-care training program before the end of the third month of dialysis, and expects to complete the training and enter self-care dialysis.</p>	
<p>There is another occasion where earlier entitlement to R-HI can occur. This is when hospitalization for a kidney transplant occurs before entitlement begins on the basis of dialysis.</p> <p>GO ON TO NEXT PAGE</p>	

For a person who receives a kidney transplant, R-HI will generally begin with the month the individual is admitted as an inpatient to a hospital for a transplant, provided such surgery takes place within the next 2 months. Barry Smith, 30 and fully insured, suffered for a year with chronic renal disease. Without having ever undergone a course of dialysis, he was admitted to a hospital for transplant surgery on 10/30/78. The transplant took place on 12/04/78. When did R-HI become effective for Barry?	10/01/78
James Thurman, age 20, and a child of an RR annuitant, began a course of dialysis on November 12, 1978 and on November 25, 1978 was admitted for kidney transplantation which took place 01/08/79. His R-HI began: _____ A. 02/01/79 B. 11/01/78 C. 01/01/79	B. 11/01/78
In some cases, an individual may be hospitalized in preparation for or in anticipation of transplant surgery to be completed within the 2 months after admission. However, the transplant may be delayed for more than 2 months. If such a delay takes place, R-HI becomes effective with the second month prior to the month of transplant. GO ON TO NEXT FRAME	
Mr. Harris, an insured individual, was hospitalized on January 23, 1979 for tests and preparation for kidney transplant. Surgery took place April 2, 1979. When did Mr. Harris' Medicare coverage begin?	02/01/79
What is the effective date of R-HI in the following cases? (assume all meet/met the insured status requirements)	
1. Hal begins dialysis 06/03/79. No transplantation or self-care training occurs. _____	09/01/79
2. Ron began dialysis 04/08/79. No self-care training occurs. Transplantation occurs 10/08/79. _____	07/01/79
3. Dirk entered hospital 11/28/78 in preparation for transplantation, which took place on 12/10/78. _____	11/01/78

<p>4. Joyce began a course of dialysis 09/08/78 and entered the hospital 11/14/78 in preparation for transplantation, which took place on 12/03/78. _____</p> <p>5. Evelyn entered the hospital on 04/18/79 in preparation for transplantation. The transplant was to take place on 05/04/79 but due to complications, was delayed until 06/05/79. _____</p>	<p>11/01/78</p> <p>04/01/79</p>
<p>D-HI requires a qualifying period of _____ months.</p> <p>R-HI requires a qualifying period of _____ calendar months after the month in which a course of dialysis begins.</p> <p>No R-HI qualifying period is required: (1) for early transplant cases; (2) for a person participating in a self-care dialysis training program during the qualifying period.</p>	<p>24</p> <p>2</p>
<p>An individual entitled to R-HI benefits is eligible for all covered services under the Medicare Program. This means not only services involved in treatment of the renal ailment, but also other care the beneficiary may need.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Mary Jones, age 4, an R-HI beneficiary, is hospitalized for a broken leg. Are the hospital services covered?</p> <p>(yes/no)</p>	<p>yes</p>
<p>Renal dialysis and kidney transplantation can only be provided by an institution or facility that meets the required conditions of participation.</p> <p>City Hospital, a regular Medicare provider, opens a dialysis center. The services provided _____ (are/are not)</p>	<p>are not (Dialysis and transplantation centers are treated separately for purposes of certification).</p>

Other types of services for which the R-HI beneficiary may be entitled, whether connected to CRD or not, can be obtained from providers, suppliers, or physicians, which meet the regular requirements for Medicare payment.

GO ON TO NEXT FRAME

There is a formal application requirement for HI, based on chronic renal disease. HCFA-43 is the application form. Entitlement may be retroactive to the earliest point at which the individual met all of the requirements for entitlement, but no earlier than 12 months prior to the month of filing.

GO ON TO NEXT FRAME

Claims for R-HI entitlement are taken on a _____ form.

HCFA-43

Joe Cramer begins a course of dialysis in 06/79 and does not submit a claim until 10/81. He established an onset of dialysis treatment as of 06/79. His HI entitlement is effective as of _____.

(mo/day/yr)

10/01/80

<p>Termination of R-HI coverage will occur with:</p> <ul style="list-style-type: none"> (1) the date of death of the beneficiary; <u>or</u> (2) the last day of the 12th month following the month of cessation of dialysis, <u>or</u> (3) the last day of the 36th month after a successful transplant. <p>GO ON TO NEXT FRAME</p>	
<p>George Good, an R-HI beneficiary, undergoes successful transplant on 08/79. His last day of coverage is _____.</p>	08/31/82
<p>It is interesting to note that factors which are requirements for eligibility to R-HI are not required for continuation of entitlement. Thus, attainment of age 65, the ending of relationship dependency, etc., are not termination events.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Georgia Winters is an entitled R-HI beneficiary. She established this entitlement based on her being the widow of Don Winters who was fully insured when he died. Georgia has remarried. Will her remarriage terminate her R-HI?</p> <p>(yes/no)</p>	no
<p>GO ON TO NEXT PAGE</p>	

ITEM 1. Now let's see what you have learned about D-HI and R-HI entitlement, termination, and effective dates of coverage. Sheila Drew, age 43, became entitled to DIB effective 06/77 because of a combination of rheumatoid arthritis and serious kidney disease. In August, 1977 she began a course of renal dialysis which ended when she received a kidney transplant in 10/78. Her entitlement to DIB, however, did not terminate. When does Sheila's entitlement to Medicare begin and when does it end?

- a. Entitlement, 06/79, termination, 10/31/81
(see Item 2)
- b. Entitlement, 10/78, termination, 10/31/81
(see Item 3)
- c. Entitlement, 11/77, termination, 10/31/81
(see Item 4)
- d. Entitlement, 11/77, No termination
(see Item 5)

ITEM 2 (1 a.) You have correctly determined that entitlement to Medicare based on disability begins as of the 25th consecutive month after entitlement to DIB. You also know that termination of R-HI takes place 36 months after the month of transplant. However, you have neglected to keep the various elements of entitlement and termination for D-HI and R-HI separate in your mind. Return to Item 1 and select another answer.

ITEM 3 (1 b.) While you seem to know the termination events connected with R-HI there are factors regarding R-HI entitlement and D-HI that you haven't considered. Return to Item 1 and select another answer.

ITEM 4 (1 c.) You obviously know the R-HI entitlement and termination requirements. However, you have failed to apply what you know about the entitlement and termination factors connected with D-HI. Return to Item 1 and choose another answer.

ITEM 5 (1 d.) We are impressed. You not only know entitlement can take place on the basis of end-stage renal disease but also when the date of that entitlement is. Furthermore, you realize that while Medicare entitlement on the basis of ESRD terminates at the end of 36 months following the month of transplant, you also saw that in the meantime the 25 months had passed which assured Medicare entitlement on the basis of DIB. Therefore, her Medicare entitlement would not end because of any R-HI termination event.

GO ON TO THE REMAINDER OF THE TEXT

SMI

This section **of the** text discusses entitlement to Supplementary Medical Insurance.

<p>The next section of this text will discuss entitlement to supplementary medical insurance (SMI). You will learn when a person can enroll, when coverage begins, and how benefits can terminate.</p> <p>GO ON TO NEXT FRAME</p>	
<p>To make it quite simple, anyone who is entitled to HI is eligible for SMI. However, it should be mentioned that the SMI program is voluntary. That is, eligible persons may choose whether or not they are to be covered. Henry is eligible for coverage under SMI. He can decide for himself whether or not he will be covered because his enrollment in SMI is _____.</p>	<p>voluntary</p>
<p>Sara, age 64, is receiving wife's benefits. She will become entitled to HI and eligible for ____ at age 65. However, Sara is not required to enroll under SMI because enrollment is _____.</p>	<p>SMI voluntary</p>
<p>Benjamin Bennett, age 60, established entitlement to DIB beginning 12/77, and will be entitled to HI beginning _____. His SMI coverage could then begin _____.</p>	<p>12/79 -- the 25th consecutive month of DIB entitlement. 12/79</p>
<p>Ted Webb has been on dialysis for 3 months and became entitled to R-HI on 09/01/79. He is _____ for SMI effective with _____.</p> <p style="text-align: center;">(month/yr)</p>	<p>eligible 09/79</p>

<p>Prior to 07/01/73, an eligible person enrolled in SMI by placing a "yes" response in the appropriate block on the application blank (SSA-1,2, 18F4, etc.)</p> <p>GO ON TO NEXT FRAME</p>	
<p>Individuals who are entitled to benefits prior to age 65 receive a HCFA-40 in the mail shortly before attaining age 65. A positive response is required to become enrolled for SMI on a timely basis.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Effective 07/01/73, eligible persons are automatically enrolled for SMI when they first become entitled to HI. Only those wishing to decline SMI enrollment must take action.</p> <p>Action by the beneficiary is only required when the beneficiary _____ wish SMI. (does/does not)</p>	<p>does not</p>
<p>Roy Ford became entitled to RIB at age 62. When he reaches age 65 his SMI coverage will be _____ effective.</p>	<p>automatically</p>
<p>Roy does not wish SMI coverage. He need take no action. (True/False)</p>	<p>False</p>

<p>We also know that those individuals who have received disability benefits (DIB, CDB, or DWB) or are deemed entitled to disability benefits for 24 consecutive months _____ entitled to HI and SMI coverage. (are/are not)</p>	<p>are</p>
<p>Hal Melon becomes entitled to DIB on 01/01/73. In 10/74, he receives notice that he will be covered for HI and SMI effective 01/01/75. He does not want SMI. Therefore, he must _____ coverage.</p>	<p>refuse</p>
<p>Most beneficiaries who will shortly become entitled to HI receive Form HCFA-40 directly from Baltimore with literature informing them that they are automatically enrolled in HI and SMI.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Carol Hanlon will be 65 in 6 months. At age 62 she had filed and was awarded RIB. She can expect to receive Form _____ from SSA advising her of automatic enrollment.</p>	<p>HCFA-40</p>
<p>For those who receive entitlement notification by mail via the Form HCFA-40, an HI identification card pre-printed with all needed information will be included. The beneficiary wishing both HI and SMI need not respond, and will retain the card for coverage purposes. See following page for exhibit of HCFA-40.</p> <p>GO ON TO NEXT PAGE</p>	

**Please Read The Enclosed Material
Before Making Your Choice**

If you DO want Medical Insurance, cut out your Health Insurance Card. Your coverage and your Medical Insurance premium begin on the date shown. Throw away the rest of this form.

If you do NOT want Medical Insurance, carefully follow the instructions on the back of this form.

Health Insurance

SOCIAL SECURITY ACT

NAME OF BENEFICIARY

Harry I. Benny

CLAIM NUMBER

321-54-9876A

SEX

Male

IS ENTITLED TO

EFFECTIVE DATE

Hospital Insurance

09/01/77

Medical Insurance

09/01/77

SIGN
HERE 

Form HCFA-40 (9-77) (formerly SSA-40)

If you DO NOT want Medical Insurance

1. Check the box above. (top right), sign your name, and return the entire form in the enclosed envelope. Do NOT tear off the Medicare card. It would be improper to use it since you do not want Medical Insurance. You must return the form BEFORE the Medical Insurance effective date shown on the card.
2. Since you are entitled to Hospital Insurance even though you do not want Medical Insurance, we will send you a new card showing that you have Hospital Insurance only.

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical or health services under Medicare.
3. Get in touch with your social security office if you have questions about your rights under Medicare.
4. Your card is good wherever you live in the United States.

WARNING: issued only for the use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty.

PROPERTY OF UNITED STATES GOVERNMENT.
IF FOUND DROP IN NEAREST U.S. MAIL BOX.

Return To: SOCIAL SECURITY ADMINISTRATION
Baltimore, Maryland 21235

I DO NOT WANT MEDICAL INSURANCE ☐ Check here

SIGN
HERE 

WRITTEN SIGNATURE (or Legal Representative)

SIGNATURE BY MARK (X) MUST BE WITNESSED

SIGNATURE
OF WITNESS

ADDRESS OF
WITNESS

<p>Social Security beneficiaries are mailed this form approximately 3 months prior to entitlement to HI benefits. The above HCFA-40 is a notification of Harry I. Benny's ____ and ____ coverage.</p>	<p>HI, SMI</p>
<p>Harry received the above Medicare card because he is a Social Security _____ who is within 3 months of age ____.</p>	<p>beneficiary 65</p>
<p>If the beneficiary fails to return the HCFA-40 with a negative response prior to the month of entitlement, the beneficiary will automatically be covered for HI and SMI. The beneficiary's Medicare card is ready for use.</p> <p>If Harry does not want Medicare he must return his HCFA-40 prior to _____.</p>	<p>09/01/77</p>
<p>Assume that Harry received his HCFA-40 and responded with a "NO" within 2 months. SSA/HCFA would then issue him a health insurance card indicating _____ only.</p>	<p>hospital insurance</p>
<p>Suppose Harry decided to refuse SMI, but delays in responding. Upon receipt of his late negative response it was determined that automatic enrollment was effective. Therefore, his negative response was treated as a voluntary request for <u>termination</u>. We will discuss termination of SMI at the end of this text.</p> <p>GO ON TO NEXT PAGE</p>	

<p>Up to now we have been discussing automatic enrollment of beneficiaries. Now let's talk about those who were not on the benefit rolls prior to eligibility for SMI. These persons cannot be automatically enrolled but are assumed to want SMI unless they refuse it when they file for their monthly benefits or HI. The periods during which these people can enroll for SMI are exactly the same as the Premium-HI enrollment periods.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Martin Reilley was 65 on 02/03/79. He filed for monthly retirement benefits on 12/15/78. Since he did not refuse SMI, he was enrolled in both HI and SMI effective <u> </u>. (mo/yr)</p>	<p>02/79</p>
<p>You will note that Martin enrolled within 3 months of becoming age 65. Martin filed in a period that we mentioned earlier when discussing Premium-HI, the Initial Enrollment Period (IEP). As with Premium-HI, the IEP is the first opportunity an eligible person has to enroll in SMI. It begins 3 months before the month of attainment (of age 65) and ends 3 months after that month, a 7-month period.</p> <p>GO TO NEXT FRAME</p>	
<p>Martin Reilley's IEP began <u> </u> and ended <u> </u>. (mo/day/yr)</p>	<p>11/01/78 05/31/79</p>
<p>Hattie Goldberg was born on 06/01/14. She is fully insured and retiring on her 65th birthday. Her IEP for SMI begins <u> </u> and ends <u> </u>.</p>	<p>02/01/79, 08/31/79 (Remember, the IEP begins with the third month prior to the month of <u>attainment</u> of age 65.</p>

<p>What would the initial enrollment period be for people with the following dates of birth?</p> <ol style="list-style-type: none"> 1. 08/14/12 _____ 2. 05/30/11 _____ 3. 02/02/13 _____ 	<p>05/77 - 11/77 02/76 - 08/76 11/77 - 05/78</p>
<p>By applying for SMI in any one of the 3 months before attaining age 65, a person's coverage begins with the month of attainment of age 65.</p> <p>When would SMI coverage start for these people?</p> <ol style="list-style-type: none"> 1. Harry Gill, born 08/10/13, files 07/31/78 _____ 2. Myrtle Ford, born 12/20/14, files 09/20/79 _____ 3. Sam Glascoe, born 11/08/12, files 09/01/77 _____ 	<p>08/78 12/79 11/77</p>
<p>If the person enrolls later than the first 3 months of the IEP, the first month of coverage is different. The basic rules are the same for SMI as for Premium-HI, and the chart used when discussing Premium-HI (page 17) also applies here.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Using the chart on page 17 and assuming the requirements for enrollment for the following people were met at attainment of age 65, determine the effective date of coverage based on the date they enrolled.</p> <ol style="list-style-type: none"> 1. Frances Nicholson applied for HI 01/05/79. She attained age 65 in 12/78. Her SMI coverage was effective on _____. 2. Arthur Novotny became age 65 on 12/24/78. He filed for HI on his birthday. His SMI coverage began _____. <p>If Arthur had filed 11/25/78, his coverage would have been effective _____.</p> <ol style="list-style-type: none"> 3. Charlie Childers attained age 65, 07/04/78. He enrolled on 09/04/78. He was covered for SMI _____. <p>His wife attained age 65 on 11/05/78 and enrolled when he did. Her coverage began _____.</p>	<p>03/01/79 01/01/79 12/01/78 12/01/78 11/01/78</p>

<p>People who fail to enroll during their initial enrollment period can only enroll during a general enrollment period (GEP) which lasts from January to March of each year.</p> <p>Ruby Russell failed to enroll in her initial enrollment period. She will be allowed to enroll during a _____.</p>	<p>general enrollment period</p>
<p>People who fail to enroll during their initial enrollment period can enroll during <u>any</u> subsequent general enrollment period.</p> <p>Could John Frank, whose initial enrollment period ended 02/79, have enrolled in 03/79?</p>	<p>yes</p>
<p>A second enrollment must be made in a GEP. Mrs. Emma Burton's initial enrollment in SMI terminated 06/30/79. She may enroll again in the next GEP which begins _____.</p>	<p>01/01/80</p>
<p>Coverage for people who enroll during a general enrollment period begins with July 1 of that same year.</p> <p>Norma Kuester attained age 65 in 05/10/78, She wasn't enrolled in her IEP but did finally enroll on 02/10/79. When was Norma's 1st date of coverage? _____ (mo/day/yr)</p>	<p>07/01/79</p>
<p>So far we have been discussing individuals filing for SMI along with HI in either their IEP or a subsequent GEP. However, some people file for entitlement in a month that is neither in their IEP or a GEP. If they do not decline SMI these people are automatically enrolled as of the first GEP after filing (with coverage the following July 1).</p> <p>GO ON TO NEXT PAGE</p>	

<p>Mrs. Simmons, age 67, filed on 09/78 and was awarded HI effective 09/77. Unless she _____ SMI (declined/approved) coverage, she would be deemed automatically _____ in the 1979 GEP with cover- (enrolled/not enrolled) age effective 07/01/79.</p>	<p>declined</p> <p>enrolled</p>
<p>You recall that beneficiaries who have already been entitled to cash benefits and become automatically enrolled for SMI have an opportunity to decline this coverage by returning the HCFA-40 indicating they have refused. The person who is filing for HI for the first time can also refuse SMI at the time of application by checking the appropriate box on the application form.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Frank Granski applied for retirement benefits and HI at age 65. If he does not wish to have _____ also, he can check the "no" box on the SSA-1.</p>	<p>SMI</p>
<p>Frank's wife Cynthia, 63, filed for reduced wife's benefits at the same time. She will be eligible for HI and SMI at age 65. She had the opportunity to refuse SMI at the time of filing her SSA-2. _____ (True/False)</p>	<p>False. (Since she is not currently eligible for entitlement, she does not have the option to refuse it.)</p>
<p>In areas like Puerto Rico, many individuals receive medical care without payment from other sources. Automatic enrollment would not be advantageous; therefore, Puerto Rico and other foreign areas are exempted. An applicant residing in Puerto Rico _____ (must/must not) take positive action for SMI entitlement.</p>	<p>must</p>

<p>For various reasons, there are 3 groups who must take positive action for enrollment in SMI.</p> <ol style="list-style-type: none"> 1. Persons living in P.R. or outside U.S. 2. Non-beneficiaries ineligible for any monthly benefit or HI. 3. Individuals wishing to re-enroll after a termination of SMI, or who rejected SMI coverage when they could have automatically enrolled. <p>GO ON TO NEXT FRAME</p>	
<p>In addition to being age 65, a person must meet one of the following conditions to be entitled to SMI under the aged category:</p> <ol style="list-style-type: none"> 1. Be entitled to hospital insurance, <u>or</u> 2. Be a resident of the U.S. and either <ol style="list-style-type: none"> a. A citizen <u>or</u> b. An alien lawfully admitted for permanent residence who has been a resident in the U.S., for the 5 continuous years preceding the first month of eligibility. <p>GO ON TO NEXT FRAME</p>	
<p>Frank Mastergoff has attained age 65 and is a citizen of the U.S. Since Frank is a citizen of the U.S., but not entitled to HI, which of these requirements must he meet to be eligible to enroll in SMI? _____</p> <ol style="list-style-type: none"> a. Be a resident of the U.S. b. Be a civil service annuitant c. Receive State aid 	<p>a. Be a resident of the U.S.</p>
<p>Paul Roberts, a U.S. citizen and resident, just turned age 65 this month. He never worked under Social Security. He does not wish to file for Premium-HI. He _____ (can/cannot)</p> <p>apply for SMI.</p>	<p>can</p>
<p>Jose recently moved to the U.S. at age 55. He has never worked under the Social Security or Railroad Retirement systems. If he was _____ admitted for permanent residence and is a continuous resident for _____ years, when he attains age 65, he will be eligible to enroll then.</p>	<p>lawfully 5</p>

<p>An alien must be lawfully admitted for permanent residence to enroll for SMI.</p> <p>Dr. Zahn came to the U.S. on a student visa for temporary residence. Even if he is here 5 years, he cannot enroll for SMI because he was not lawfully admitted for _____ residence.</p>	<p>permanent</p>
<p>An alien who is a Social Security beneficiary or qualified Railroad Retirement beneficiary does not have to be lawfully admitted to the U.S. for permanent residence to be able to enroll for SMI.</p> <p>Laura, a Canadian citizen, receives widow's benefits. When she attains age ____, she can be entitled to SMI because she is entitled to _____.</p>	<p>65 monthly Social Security benefits</p>
<p>How many years of continuous residence are required before aged alien non-beneficiaries can be enrolled for SMI? ____</p>	<p>5</p>
<p>A person who resides in any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, The Virgin Islands, Guam, or American Samoa is considered a resident of the U.S.</p> <p>Salvador is a resident of Guam. For Medicare coverage he is also considered to be a _____ of the U.S.</p>	<p>resident</p>
<p>Now let's discuss a new topic: How discrepancies in documentary evidence of age affect enrollment in SMI.</p> <p>Occasionally, an individual will not be enrolled timely because of documentary evidence showing an incorrect age. When this happens, the date shown on the incorrect document will be used as a basis for enrollment if the evidence shows the person to be younger than their correct age and the person believed it was the correct age.</p> <p>GO ON TO NEXT PAGE</p>	

<p>On 08/15/77, Hardy Skinner came to the office to file for retirement and SMI benefits, presenting an army record showing he was born 09/23/12. Since he was born in New York, he was requested to get a birth certificate. The original birth certificate came in showing he was born 09/23/11. Hardy was surprised as he didn't know the record existed and always thought the military record was correct. For enrollment in SMI, the date of birth on the _____ will be used.</p>	<p>military record</p>
<p>The document will be used only for enrollment in SMI, not for entitlement to RSI. Hardy Skinner's entitlement to retirement benefits would be based on the date of birth of _____, while the date of birth for enrollment in SMI would be _____.</p>	<p>09/23/11 09/23/12</p>
<p>It is important to remember that the evidence presented by the person seeking to enroll for SMI will be used to establish their <u>initial</u> enrollment period even though they become entitled to an RIB or HI based on other evidence. Calvin Wagner, believing he would be age 65 on 03/21/79 because of a family Bible, files for SMI 03/05/79. His actual date of birth, based on an original Birth Certificate, is 03/21/13. His initial enrollment period will be _____ to _____, and his coverage will be effective _____ because he thought he would be 65 in 03/79.</p>	<p>12/01/78 06/30/79 04/01/79</p>
<p>The evidence presented at the time of enrollment for SMI must have made the person <u>younger</u> than their true age. Both Hardy and Calvin thought they were _____ than they actually were.</p>	<p>younger</p>
<p>A second point to remember is that the person must have delayed enrolling because of a <u>mistaken</u> belief as to their correct date of birth. Mabel filed for benefits 04/01/77. She had a child's BC showing she was age 28 in June, 1940. She told the CR that the BC was in error as she was born in 1911. Development of proof of age verified the 1911-alleged DOB. Although her evidence was in error, she was not _____ about her correct date of birth and will not be allowed to use the age on the document to establish an initial enrollment period.</p>	<p>mistaken</p>

<p>So the 2 rules for using an erroneous document to establish a person's initial enrollment period are:</p> <p>1. The document must make the person _____ than they actually are.</p> <p>2. Not being enrolled timely must have been based on the _____ belief the document was correct.</p>	<p>younger</p> <p>mistaken</p>
<p>At one time there was a 3-year limit on enrollment or re-enrollment for SMI. This has been eliminated as of 07/01/73. However, an individual may still not enroll in SMI more than 2 times.</p> <p>GO ON TO NEXT FRAME</p>	
<p>In other words, should a person enroll in SMI during their IEP and terminate, then re-enroll at a later date, they may expect to be able to terminate again and _____ to enroll again.</p> <p>(be able/not be able)</p>	<p>not be able</p>
<p>There are certain limitations to enrollment. No individual is eligible to enroll who has been convicted of specific crimes against the U.S. (treason, sabotage, espionage, etc.), or has enrolled twice before for SMI (with the exception of cases involving termination of coverage under State buy-in agreements).</p> <p>GO ON TO NEXT FRAME</p>	
<p>Charlie, age 68, wants to enroll for SMI for the 3rd time. He cannot enroll again because he had enrolled _____ before.</p> <p>Rudolf Caine was charged with treason against the U.S. If he is _____ of treason he cannot enroll for SMI.</p>	<p>twice</p> <p>convicted</p>

<p>The aliens in the next 2 questions are neither Railroad Retirement nor Social Security beneficiaries. Indicate the proper reason for disallowing each claimant's request for enrollment in SMI.</p> <p>Zanoff arrived in the U.S from Lichtenstein on 04/10/71. At that time he was 82 years old. On 03/08/74 he comes to the district office to inquire about SMI. The claims representative tells him he is not entitled to SMI because:</p> <ol style="list-style-type: none"> 1. He was too old when he came to the U.S. 2. He hasn't been in the U.S. 5 consecutive years. 3. Lichtenstein is a restricted country. 	<p>2. Hasn't been in the U.S. 5 consecutive years.</p>
<p>Bernard Lordganion was convicted of espionage against the U.S. While in Boston Federal prison he inquires about SMI. He is told he cannot enroll because:</p> <ol style="list-style-type: none"> 1. He was convicted of a crime against the U.S. which precludes enrollment. 2. There are no covered medical services in Boston. 3. He doesn't have a Social Security number. 	<p>1. He was convicted of a crime against the U.S. which precludes enrollment.</p>
<p>To be entitled to SMI, a person must pay a monthly premium. If Rhoda Berger wants SMI benefits, she will have to pay a monthly _____.</p> <p>This monthly premium is reviewed periodically and adjusted to reflect changes in the costs of the program.</p>	<p>premium</p>
<p>Those persons who delayed enrolling in SMI for a long period of time or who enrolled again after a termination of SMI are required by law to pay an additional 10 percent for each 12 months they were eligible but not enrolled.</p> <p>GO ON TO NEXT FRAME</p>	
<p>To determine the number of months in which a person was eligible but not enrolled, count the months after the end of the IEP through the end of the GEP in which enrollment took place.</p> <p>Marty attained age 65 in 10/78 but did not enroll in SMI until 01/80. Marty will have to pay an additional _____ for his SMI coverage.</p>	<p>10%</p>

<p>Remember the 3-year limitation on enrollment or re-enrollment mentioned earlier? Well, if this limitation had previously restricted a person from enrolling or re-enrolling in SMI, then this person will <u>not</u> be subject to the 10%-12 month premium increase for the period of time that the law formerly prohibited their enrollment.</p> <p>GO ON TO NEXT FRAME</p>	
<p>People in benefit status will have their premiums deducted from their benefits. Bertha Naron is in benefit status. Her premium will be _____ from her monthly checks.</p>	deducted
<p>Nonbeneficiaries and most beneficiaries in suspended payment status will be billed for their SMI premiums. Charlie has had his monthly benefit suspended so he will be _____ for his SMI premiums.</p>	billed
<p>Beneficiaries will either be _____ for their premiums or have them _____ from their checks.</p>	billed deducted
<p>Where an individual pays premiums in response to direct billing, the first premium is ordinarily due on the fifth day after the month of initial billing. Subsequent quarterly due dates will be the fifth day of subsequent 3-month periods.</p> <p>Marty Martin received his initial billing on January 2. His premium will ordinarily be due February 5 (the fifth day after the initial month of billing) and his next quarterly due date will be _____.</p>	May 5

<p>Since his due date is May 5, and subsequent quarterly premium due dates will be the fifth day of subsequent 3-month periods, his next due date after May 5 will be _____.</p>	<p>August 5</p>
<p>We have learned that the first premium is due on the _____ day of the month after the month of billing. The subsequent premiums will be due on the fifth day of each subsequent 3 _____ period.</p>	<p>fifth month</p>
<p>The beneficiary is allowed a grace period which ends the last day of the third month after the month of billing. Sara Zar is billed in March. Her grace period will end _____.</p>	<p>June 30</p>
<p>A beneficiary who fails to pay their premiums by the end of the grace period will have their SMI coverage terminated unless good cause for failure to pay can be shown. A 90-day extension may be granted in these cases. Sara's grace period ends June 30, her coverage will be _____ if she has not paid her premiums and good cause is not established.</p>	<p>terminated</p>
<p>For persons enrolled in Premium-HI, the premium due for that coverage will be combined with the premium due for SMI. The enrollee will, therefore, receive one bill for the premiums due for Premium-HI and SMI.</p> <p>GO ON TO NEXT PAGE</p>	

<p>This combined bill is sent <u>monthly</u>. (This is different from SMI-only premiums which are billed for every three-months.) The due date is the fifth day of the month after the month of billing. All other premium collection information applies to both Premium-HI and SMI.</p> <p>READ ON</p>	
<p>Most enrollees who are being billed will pay their own premiums. However, it is not necessary that enrollees pay their own premiums. They may be paid by a relative, friend, or organization.</p> <p>GO ON TO NEXT FRAME</p>	
<p>A person who is receiving a monthly Social Security, Railroad Retirement or Civil Service annuity cannot be billed or have their premiums paid by a group. Their premiums <u>must</u> be deducted from their monthly check.</p> <p>Agatha Crispie, a retired postal clerk, receiving a Civil Service annuity, wants to have her premiums paid by a fraternal organization. She will not be allowed to do this because they must be _____ from her retirement check.</p>	deducted
<p>Which of these people can have their premium payments made by a group payor?</p> <ol style="list-style-type: none"> 1. Charlie still works for Ancient Construction Co. and does not receive monthly benefits. The company wants to make his payments. 2. Fritz, a Railroad Retirement beneficiary, wants to have his Lodge pay the premiums. He is in benefit status. <p>ANSWER</p>	
<p>Charlie can join a group plan. He is not in benefit status. Fritz must have his premiums deducted from his monthly check from Railroad Retirement because he is in benefit status.</p> <p>GO ON TO NEXT PAGE</p>	

<p>A son of an enrollee telephones the DO to find out if he can pay his father's SMI premium. The enrollee does not receive monthly benefits. The son _____ make the payments for the enrollee. (can/cannot)</p>	<p>can</p>
<p>Coverage for SMI can be terminated in these ways:</p> <ol style="list-style-type: none"> 1. By the individual voluntarily requesting coverage be terminated, 2. Because of non-payment of premiums, or 3. With the death of the individual. <p>GO ON TO NEXT FRAME</p>	
<p>These are the 3 ways SMI can be terminated:</p> <ol style="list-style-type: none"> 1. With the _____ of the individual 2. By the individual _____ 3. Because of _____ of premiums 	<p>death, voluntarily requesting termination, or non-payment</p>
<p>List the 3 ways SMI can be terminated:</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 	<p>Death of bene- ficiary, Voluntary term- ination, Non-payment of premiums</p>
<p>A person can voluntarily request termination of SMI coverage at any time. Such a request will result in termination of the coverage effective with the end of the last day of the calendar quarter following the calendar quarter the request was made. For example: A person who files a request on 05/10/79 will have their coverage terminated effective 09/30/79.</p> <p>GO ON TO NEXT PAGE</p>	

<p>What will the effective date of SMI termination be for requests made on the following dates?</p> <p>1. 09/02/79 _____</p> <p>2. 01/01/79 _____</p> <p>3. 10/12/79 _____</p>	<p>12/31/79</p> <p>06/30/79</p> <p>03/31/80</p>
<p>Before voluntary termination can be effective, the Administration must have a signed statement (preferably on a Form HCFA-1763, Request for Termination of SMI) which clearly and unequivocally indicates the enrollee's desire to terminate coverage.</p> <p>A letter asking only for information about SMI termination, by itself, will not be cause to terminate coverage since it would not _____ and _____ show the enrollee's intentions.</p>	<p>clearly and unequivocally</p>
<p>If the person files a writing from which it can be reasonably assumed they want to terminate their coverage and follows it up with an unequivocal request, the date of the first writing will be the basis for the effective date of termination.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Don Harder sent a postcard received in the DO on 06/22/79 as follows:</p> <div data-bbox="496 1427 1303 1712" data-label="Text"> <p>6/20/79</p> <p>I cannot afford to pay for my Medicare. Please send me forms to stop it. My number is 503-03-0305A.</p> <p>Sincerely yours Don Harder</p> </div>	
<p>On September 4, 1979, he completes an HCFA-1763 which clearly and unequivocally shows he wants to terminate coverage. What date will be used as the basis of his termination? _____</p> <p>SEE NEXT FRAME FOR ANSWER</p>	

The post card date 06/20/79 will be used, as it would be reasonable to assume he wants his coverage terminated. His coverage will be terminated at the end of 09/30/79, the last day of the calendar quarter following the calendar quarter he sent the post card to the DO.

GO ON TO NEXT FRAME

When a person does not submit a signed statement which unequivocally and clearly shows their intention, their coverage will not be terminated. Which 2 of these events will cause termination?

1. A person telephones the DO, very angry with SSA and Medicare. They say they want to drop their SMI coverage right now. The CR tries to make an appointment to discuss it, but the beneficiary refuses and says forget the call.
2. A daughter of a beneficiary sends a letter wanting to stop her father's SMI coverage. The beneficiary is competent and says the daughter had no authority.
3. A beneficiary sends a signed letter asking to have their SMI stopped. They refuse to make an appointment or to discuss it further.
4. The beneficiary comes to the office and signs an HCFA-1763. On it the beneficiary states they have veterans' hospitalization and do not want Medicare.

Cases ____ and ____ will terminate the coverage.

ANSWER BELOW

Cases #3 and #4 will terminate the coverage. In both cases, the person has clearly and unequivocally indicated they do not want coverage and have signed a statement to that effect

In case #1 the person was clear and unequivocal about their position but didn't sign a statement. The daughter in Case #2 was not authorized to sign the request for termination and the beneficiary did not want his coverage terminated.

GO ON TO NEXT FRAME

We now know a person can voluntarily request termination of their SMI coverage at any time by _____ and _____ indicating their desire to do so.

clearly
unequivocally

<p>A person must also submit a signed statement preferably on an _____ indicating their desire to do so.</p>	<p>HCFA-1763</p>
<p>In addition to the terminating events already discussed, for beneficiaries <u>under age 65</u> (disabled, CRD, DWB, etc.), SMI terminates when HI terminates.</p> <p>GO ON TO NEXT FRAME</p>	
<p>John Perez, 53, was entitled to HI because of entitlement to DIB for 24 consecutive months. His condition improved and DIB and HI terminated. He wished to keep his SMI and told the DO representative he would continue to pay his premium. Can he do this? <u>(yes/no)</u></p>	<p>no</p>
<p>Sarah Older, age 68, was entitled to HI and SMI as a B (wife) beneficiary because she had no insured status of her own. When she divorced her husband her B benefits and HI stopped. Her SMI entitlement does not terminate. <u>(True/False)</u></p>	<p>True</p>
<p>An individual who elects RIB prior to age 65 and who had actual DWB entitlement at the time, would be considered deemed entitled to DWB until age 65. For this reason, HI entitlement would continue to age 65 regardless of possible improvement of the person's medical condition.</p> <p>GO ON TO NEXT PAGE</p>	

<p>Millie Tripp attained age 63 and elected a reduced RIB while she was in DWB status because the RIB was greater. Termination of her DWB _____ terminate her HI (and SMI) entitlement. (would/would not)</p>	<p>would not</p>
<p>In the case of individuals entitled to a mother's (E) or widow's (D) benefit who have established deemed DWB status, cessation of the disability <u>will</u> terminate HI (and SMI). Continuing disability investigations are required in these cases.</p> <p>GO ON TO NEXT FRAME</p>	
<p>Darlene Abel, an E beneficiary, had established a deemed DWB entitlement based on a stroke suffered shortly after her husband died. Three years later her condition improved through use of therapy. A _____ is required to determine her continuation of HI entitlement.</p>	<p>continuing disability investigation</p>
<p>The death of the beneficiary terminates coverage with the day of death.</p> <p>For example, an enrollee who dies 08/19/79 will have coverage through 08/19/79.</p> <p>Karl Downey died 04/03/79. His daughter calls the office to determine when his SMI coverage terminates. We should tell her it ends _____</p>	<p>April 3, 1979 (through the day of death)</p>
<p>HI and SMI coverage will always terminate with the _____ of death of the beneficiary. Termination of SMI or Premium-HI by voluntarily requesting it becomes effective the last _____ of the last month of the calendar quarter following the calendar quarter in which the request was made. SMI and Premium-HI coverage can also be terminated for failure to pay premiums.</p> <p>GO ON TO NEXT PAGE</p>	<p>day</p> <p>day</p>

<p>In review, SMI coverage for people over age 65 can be terminated in 3 ways. They are:</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 	<p>voluntary request, non-payment of premium, death</p>
<p>Coverage terminated by non-payment is effective the last day of the _____ period unless the 90-day extension has been granted.</p>	<p>grace</p>
<p>Coverage terminated by death is effective with the _____ of death.</p>	<p>day</p>
<p>YOU NOW HAVE A BASIC KNOWLEDGE OF MEDICARE ENROLLMENT. EXPERIENCE ON THE JOB AND FREQUENT USE OF YOUR OPERATING MANUAL WILL COMPLETE YOUR TRAINING.</p>	

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